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PTO/SB/01 (6-96)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

0010/PTO  
Rev. 6/98U.S. Department of Commerce  
Patent and Trademark Office

## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration  
Submitted  
with Initial Filing

OR ☒ Declaration  
Submitted after  
Initial Filing

Attorney Docket  
Number

M 6487A CC/SPAP

First Named  
Inventor

Dee, Gary J.

### COMPLETE IF KNOWN

Application Number

10/686,478

Filing Date

October 14, 2003

Group Art Unit

1616

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**VEGETABLE SUBSTITUTE FOR LANOLIN**

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 118(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  |         |                                     |                          | YES                      | NO                       |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

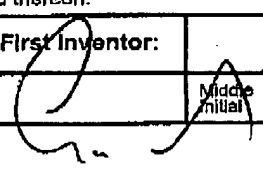
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | Additional provisional<br>application numbers<br>are listed on a<br>supplemental priority<br>sheet attached hereto. |
|-----------------------|--------------------------|---|
| 60/373,973            | 04/19/2002               | <input type="checkbox"/>  |

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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M 6487A CG/SPAP

|   |   |  |   |  |   |             |               |
|---|---|--|---|--|---|-------------|---------------|
| <b>DECLARATION</b>  |   |  |   | <b>Page 2</b>  |   |             |               |
| <small>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §3652 of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.</small> |   |  |   |  |   |             |               |
| <b>U.S. Parent Application Number</b>   |   | <b>PCT Parent Number</b>   | <b>Parent Filing Date (MM/DD/YYYY)</b>  |  | <b>Parent Patent Number (if applicable)</b> |             |               |
| 10/393,149  |   |  | 03/20/2003  |  |   |             |               |
| <input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.  |   |  |   |  |   |             |               |
| <small>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</small>   |   |  |   |  |   |             |               |
| <input type="checkbox"/> Firm Name  |   | <input type="text"/>   |   | Customer Number <input type="text"/> or label <input type="text"/>     |   |             |               |
| OR  |   |  |   |  |   |             |               |
| <input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:  |   |  |   |  |   |             |               |
| Name  |   | Registration Number  | Name  |  | Registration Number                         |             |               |
| John E. Drach   |   | 32,891   | Steven J. Trzaska   |  | 36,296                                      |             |               |
| Aaron E. Ettelman   |   | 42,516   |   |  |   |             |               |
| <input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.  |   |  |   |  |   |             |               |
| Please direct all correspondence to:  |   | <input checked="" type="checkbox"/> Customer Number <input type="text"/> or label <input type="text"/> |   | 23657 OR <input type="checkbox"/> Fill in correspondence address below |   |             |               |
| Name  |   |  |   |  |   |             |               |
| Address   |   |  |   |  |   |             |               |
| City  |   | State  |   | Zip  |   |             |               |
| Country   |   | Telephone  |   | Fax  |   |             |               |
|   |   | 215-628-1416   |   | 215-628-1345   |   |             |               |
| <small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>  |   |  |   |  |   |             |               |
| Name of Sole or First Inventor:   |   |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |   |             |               |
| Given Name  | Gary  | Middle Initial   | J.  | Family Name  | DEE   |             |               |
| Inventor's Signature  |  |  |   |  | Date  | 10/23/04    |               |
| Residence: City   |   | Gulph Mills  | State   | PA   | Country                                     | USA         |               |
| Post Office Address   |   | 223 Rebel Hill Road  |   |  |   | Citizenship | Great Britain |
| Post Office Address   |   |  |   |  |   |             |               |
| City  |   | Gulph Mills  | State   | PA   | Zip   | 19428       |               |
| Country   |   | USA  | Applicant Authority   |  |   |             |               |
| <input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto   |   |  |   |  |   |             |               |

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M 6487A CC/SPAP

| DECLARATION  |                            |  |  |                |    |   |          |            |  | ADDITIONAL INVENTOR(S)<br>Supplemental Sheet |             |  |  |
|--|----------------------------|--|--|----------------|----|---|----------|------------|--|--|-------------|--|--|
| Name of Additional Joint Inventor, if any:   |                            |  |  |                |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |          |            |  |  |             |  |  |
| Given Name   | Norman                     |  |  | Middle Initial |    | Family Name   | MILSTEIN |            |  | Suffix e.g. Jr.                              |             |  |  |
| Inventor's Signature   |                            |  |  |                |    |   | Date     |            |  |  |             |  |  |
| Residence: City  | Cincinnati                 |  |  | State          | OH | Country   | USA      |            |  | Citizenship                                  | USA         |  |  |
| Post Office Address  | 9715 Zig Zag Road          |  |  |                |    |   |          |            |  |  |             |  |  |
| Post Office Address  |                            |  |  |                |    |   |          |            |  |  |             |  |  |
| City   | Cincinnati                 |  |  | State          | OH | Zip   | 45242    |            |  | Country                                      | USA         |  |  |
| Applicant Authority  |                            |  |  |                |    |   |          |            |  |  |             |  |  |
| Name of Additional Joint Inventor, if any:   |                            |  |  |                |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |          |            |  |  |             |  |  |
| Given Name   | Barry                      |  |  | Middle Initial | A. | Family Name   | SALKA    |            |  | Suffix e.g. Jr.                              |             |  |  |
| Inventor's Signature   |                            |  |  |                |    |   | Date     | 11/11/03   |  |  |             |  |  |
| Residence: City  | Fair Lawn                  |  |  | State          | NJ | Country   | USA      |            |  | Citizenship                                  | USA         |  |  |
| Post Office Address  | 39-02 Knott Terrace        |  |  |                |    |   |          |            |  |  |             |  |  |
| Post Office Address  |                            |  |  |                |    |   |          |            |  |  |             |  |  |
| City   | Fair Lawn                  |  |  | State          | NJ | Zip   | 07410    |            |  | Country                                      | USA         |  |  |
| Applicant Authority  |                            |  |  |                |    |   |          |            |  |  |             |  |  |
| Name of Additional Joint Inventor, if any:   |                            |  |  |                |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |          |            |  |  |             |  |  |
| Given Name   | Judy                       |  |  | Middle Initial |    | Family Name   | ZHUANG   |            |  | Suffix e.g. Jr.                              |             |  |  |
| Inventor's Signature   |                            |  |  |                |    |   | Date     | 10/22/2003 |  |  |             |  |  |
| Residence: City  | Blue Bell                  |  |  | State          | PA | Country   | USA      |            |  | Citizenship                                  | P. R. China |  |  |
| Post Office Address  | 128 Bayhill Drive          |  |  |                |    |   |          |            |  |  |             |  |  |
| Post Office Address  |                            |  |  |                |    |   |          |            |  |  |             |  |  |
| City   | Blue Bell                  |  |  | State          | PA | Zip   | 19422    |            |  | Country                                      | USA         |  |  |
| Applicant Authority  |                            |  |  |                |    |   |          |            |  |  |             |  |  |
| Name of Additional Joint Inventor, if any:   |                            |  |  |                |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |          |            |  |  |             |  |  |
| Given Name   | Stefan                     |  |  | Middle Initial |    | Family Name   | BRUENING |            |  | Suffix e.g. Jr.                              |             |  |  |
| Inventor's Signature   |                            |  |  |                |    |   | Date     | 10/28/2003 |  |  |             |  |  |
| Residence: City  | Philadelphia               |  |  | State          | PA | Country   | USA      |            |  | Citizenship                                  | Germany     |  |  |
| Post Office Address  | 32 East Springfield Avenue |  |  |                |    |   |          |            |  |  |             |  |  |
| Post Office Address  |                            |  |  |                |    |   |          |            |  |  |             |  |  |
| City   | Philadelphia               |  |  | State          | PA | Zip   | 19118    |            |  | Country                                      | USA         |  |  |
| Applicant Authority  |                            |  |  |                |    |   |          |            |  |  |             |  |  |
| <input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto |                            |  |  |                |    |   |          |            |  |  |             |  |  |



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PTO/SB/01 (8-85)  
Approved for use through: 10/31/98 OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

| 0010/PTO<br>Rev. 6/95   |                          | U.S. Department of Commerce<br>Patent and Trademark Office  |                          | Attorney Docket<br>Number | M 6487A CC/SPAP          |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
|---|--------------------------|---|--------------------------|---------------------------|--------------------------|--|---------|-------------------------------------|----------|--|--------------------------|--|-------------|-----|----|--|--|--|--------------------------|--------------------------|--------------------------|--|--|--|--------------------------|--------------------------|--------------------------|--|--|--|--------------------------|--------------------------|--------------------------|--|--|--|--------------------------|--------------------------|--------------------------|--|--|--|--------------------------|--------------------------|--------------------------|--|--|--|--------------------------|--------------------------|--------------------------|--|--|--|--------------------------|--------------------------|--------------------------|--|--|--|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|---|------------|------------|--------------------------|
| <b>DECLARATION FOR<br/>UTILITY OR DESIGN<br/>PATENT APPLICATION</b>   |                          | First Named<br>Inventor   |                          | Dee, Gary J.              |                          |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
|   |                          | COMPLETE IF KNOWN   |                          |                           |                          |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
|   |                          | Application Number  |                          |                           |                          |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
|   |                          | Filing Date   |                          |                           |                          |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
|   |                          | Group Art Unit  |                          |                           |                          |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
| <input type="checkbox"/> Declaration<br>Submitted<br>with Initial Filing         OR <input type="checkbox"/> Declaration<br>Submitted after<br>Initial Filing   |                          | Examiner Name   |                          |                           |                          |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
| <p>As a below named inventor, I hereby declare that:<br/>My residence, post office address, and citizenship are as stated below next to my name.<br/>I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below)<br/>of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p style="text-align: center;"><b>VEGETABLE SUBSTITUTE FOR LANOLIN</b></p> <p style="text-align: center;">(Title of the invention)</p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto</p> <p>OR</p> <p><input type="checkbox"/> was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International</p> <p>Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §385(b) of any foreign application(s) for patent or inventor's certificate, or §385(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.</p> <table border="1"> <thead> <tr> <th rowspan="2">Prior Foreign Application<br/>Number(s)</th> <th rowspan="2">Country</th> <th rowspan="2">Foreign Filing Date<br/>(MM/DD/YYYY)</th> <th colspan="2">Priority</th> <th colspan="2">Certified Copy Attached?</th> </tr> <tr> <th>Not Claimed</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> <p><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.</p> <p>I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.</p> <table border="1"> <thead> <tr> <th>Application Number(s)</th> <th>Filing Date (MM/DD/YYYY)</th> <th>Additional provisional<br/>application numbers<br/>are listed on a<br/>supplemental priority<br/>sheet attached hereto.</th> </tr> </thead> <tbody> <tr> <td>60/373,973</td> <td>04/19/2002</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                          |   |                          |                           |                          | Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority |  | Certified Copy Attached? |  | Not Claimed | YES | NO |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Application Number(s) | Filing Date (MM/DD/YYYY) | Additional provisional<br>application numbers<br>are listed on a<br>supplemental priority<br>sheet attached hereto. | 60/373,973 | 04/19/2002 | <input type="checkbox"/> |
| Prior Foreign Application<br>Number(s)  | Country                  | Foreign Filing Date<br>(MM/DD/YYYY)   | Priority                 |                           | Certified Copy Attached? |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
|   |                          |   | Not Claimed              | YES                       | NO                       |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
|   |                          |   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
|   |                          |   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
|   |                          |   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
|   |                          |   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
|   |                          |   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
|   |                          |   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
|   |                          |   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
|   |                          |   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
| Application Number(s)   | Filing Date (MM/DD/YYYY) | Additional provisional<br>application numbers<br>are listed on a<br>supplemental priority<br>sheet attached hereto. |                          |                           |                          |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |
| 60/373,973  | 04/19/2002               | <input type="checkbox"/>  |                          |                           |                          |  |         |                                     |          |  |                          |  |             |     |    |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |  |  |  |                          |                          |                          |                       |                          |   |            |            |                          |

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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| DECLARATION   |                     | Page 2   |  |
|---|---------------------|--|--|
| I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365 of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. |                     |  |  |
| U.S. Parent Application Number  | PCT Parent Number   | Parent Filing Date (MM/DD/YYYY)  | Parent Patent Number (if applicable)                             |
| 10/393,149  |                     | 03/20/2003   |  |
| <input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.  |                     |  |  |
| As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  |                     |  |  |
| <input type="checkbox"/> Firm Name <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span>   |                     | Customer Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> or label <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> |  |
| <input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:  |                     |  |  |
| Name  | Registration Number | Name   | Registration Number  |
| John E. Drach   | 32,891              | Steven J. Trzaska  | 36,296   |
| Aaron E. Ettelman   | 42,516              |  |  |
| <input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.  |                     |  |  |
| Please direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> or label <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>   |                     | 23657  | OR <input type="checkbox"/> Fill in correspondence address below |
| Name  |                     |  |  |
| Address   |                     |  |  |
| Address   |                     |  |  |
| City  | State               | Zip  |  |
| Country   | Telephone           | Fax  |  |
|   | 215-628-1416        | 215-628-1345   |  |
| hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.   |                     |  |  |
| Name of Sole or First Inventor:   |                     | <input type="checkbox"/> A petition has been filed for this unsigned inventor  |  |
| Given Name  | Gary                | Middle Initial   | J.   |
|   |                     | Family Name  | DEE  |
| Inventor's Signature  |                     |  | Date   |
| Residence: City   | Gulph Mills         | State  | PA   |
|   |                     | Country  | USA  |
| Post Office Address   | 223 Rebel Hill Road |  |  |
| Post Office Address   |                     |  |  |
| City  | Gulph Mills         | State  | PA   |
|   | Zip 19428           | Country  | USA  |
|   |                     | Applicant Authority  |  |
| <input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto   |                     |  |  |

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| DECLARATION  |                            |  |  |                |    |   |          |          |  | ADDITIONAL INVENTOR(S)<br>Supplemental Sheet |             |  |  |
|--|----------------------------|--|--|----------------|----|---|----------|----------|--|--|-------------|--|--|
| Name of Additional Joint Inventor, if any:   |                            |  |  |                |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |          |          |  |  |             |  |  |
| Given Name   | Norman                     |  |  | Middle Initial |    | Family Name   | MILSTEIN |          |  | Suffix e.g. Jr.                              |             |  |  |
| Inventor's Signature   | <i>Norman Milstein</i>     |  |  |                |    |   | Date     | 10/24/07 |  |  |             |  |  |
| Residence: City  | Cincinnati                 |  |  | State          | OH | Country   | USA      |          |  | Citizenship                                  | USA         |  |  |
| Post Office Address  | 9715 Zig Zag Road          |  |  |                |    |   |          |          |  |  |             |  |  |
| Post Office Address  |                            |  |  |                |    |   |          |          |  |  |             |  |  |
| City   | Cincinnati                 |  |  | State          | OH | Zip   | 45242    |          |  | Country                                      | USA         |  |  |
| Applicant Authority  |                            |  |  |                |    |   |          |          |  |  |             |  |  |
| Name of Additional Joint Inventor, if any:   |                            |  |  |                |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |          |          |  |  |             |  |  |
| Given Name   | Barry                      |  |  | Middle Initial | A. | Family Name   | SALKA    |          |  | Suffix e.g. Jr.                              |             |  |  |
| Inventor's Signature   |                            |  |  |                |    |   | Date     |          |  |  |             |  |  |
| Residence: City  | Fair Lawn                  |  |  | State          | NJ | Country   | USA      |          |  | Citizenship                                  | USA         |  |  |
| Post Office Address  | 39-02 Knott Terrace        |  |  |                |    |   |          |          |  |  |             |  |  |
| Post Office Address  |                            |  |  |                |    |   |          |          |  |  |             |  |  |
| City   | Fair Lawn                  |  |  | State          | NJ | Zip   | 07410    |          |  | Country                                      | USA         |  |  |
| Applicant Authority  |                            |  |  |                |    |   |          |          |  |  |             |  |  |
| Name of Additional Joint Inventor, if any:   |                            |  |  |                |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |          |          |  |  |             |  |  |
| Given Name   | Judy                       |  |  | Middle Initial |    | Family Name   | ZHUANG   |          |  | Suffix e.g. Jr.                              |             |  |  |
| Inventor's Signature   |                            |  |  |                |    |   | Date     |          |  |  |             |  |  |
| Residence: City  | Blue Bell                  |  |  | State          | PA | Country   | USA      |          |  | Citizenship                                  | P. R. China |  |  |
| Post Office Address  | 128 Bayhill Drive          |  |  |                |    |   |          |          |  |  |             |  |  |
| Post Office Address  |                            |  |  |                |    |   |          |          |  |  |             |  |  |
| City   | Blue Bell                  |  |  | State          | PA | Zip   | 19422    |          |  | Country                                      | USA         |  |  |
| Applicant Authority  |                            |  |  |                |    |   |          |          |  |  |             |  |  |
| Name of Additional Joint Inventor, if any:   |                            |  |  |                |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |          |          |  |  |             |  |  |
| Given Name   | Stefan                     |  |  | Middle Initial |    | Family Name   | BRUENING |          |  | Suffix e.g. Jr.                              |             |  |  |
| Inventor's Signature   |                            |  |  |                |    |   | Date     |          |  |  |             |  |  |
| Residence: City  | Philadelphia               |  |  | State          | PA | Country   | USA      |          |  | Citizenship                                  | Germany     |  |  |
| Post Office Address  | 32 East Springfield Avenue |  |  |                |    |   |          |          |  |  |             |  |  |
| Post Office Address  |                            |  |  |                |    |   |          |          |  |  |             |  |  |
| City   | Philadelphia               |  |  | State          | PA | Zip   | 19118    |          |  | Country                                      | USA         |  |  |
| Applicant Authority  |                            |  |  |                |    |   |          |          |  |  |             |  |  |
| <input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto |                            |  |  |                |    |   |          |          |  |  |             |  |  |